Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 **2006** Open to Public Inspection

A For the 2006 calendar year, or tax year beginning APR 1, 2006 **and ending** MAR 31, 2007

B Check if applicable: [ ] Address change [ ] Name change [ ] Initial return [ ] Final return [ ] Amended return [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE AMERICAN BREAST CANCER FOUNDATION INC.

Number and street (or P.O. box if mail is not delivered to street address): 1220-B EAST JOPPA ROAD — Room/suite: 332

City or town, state or country, and ZIP + 4: BALTIMORE, MD 21286

D Employer identification number: 52-2031814

E Telephone number: 410-825-9388

F Accounting method [ ] Cash [X] Accrual [ ] Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶ N/A

M Check ▶ [ ] if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶WWW.ABCF.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 15,423,086.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Section	Line	Description		(A) Securities	Ref	(B) Other	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received:						
	a	Contributions to donor advised funds			1a			
	b	Direct public support (not included on line 1a)			1b	15,338,007.		
	c	Indirect public support (not included on line 1a)			1c			
	d	Government contributions (grants) (not included on line 1a)			1d			
	e	**Total** (add lines 1a through 1d) (cash $ 15,338,007. noncash $)					1e	15,338,007.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)					2	
	3	Membership dues and assessments					3	
	4	Interest on savings and temporary cash investments					4	1,268.
	5	Dividends and interest from securities					5	11,068.
	6 a	Gross rents			6a			
	b	Less: rental expenses			6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a					6c	
	7	Other investment income (describe ▶)					7	
	8 a	Gross amount from sales of assets other than inventory		1,416.	8a			
	b	Less: cost or other basis and sales expenses		1,092.	8b	337.		
	c	Gain or (loss) (attach schedule)		324.	8c	-337.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		STMT 1		STMT 2	8d	-13.
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ [ ]						
	a	Gross revenue (not including $ of contributions reported on line 1b)			9a			
	b	Less: direct expenses other than fundraising expenses			9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a					9c	
	10 a	Gross sales of inventory, less returns and allowances			10a			
	b	Less: cost of goods sold			10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a					10c	
	11	Other revenue (from Part VII, line 103)					11	71,327.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11					12	15,421,657.
Expenses	13	Program services (from line 44, column (B))					13	9,347,626.
	14	Management and general (from line 44, column (C))					14	242,519.
	15	Fundraising (from line 44, column (D))					15	5,580,492.
	16	Payments to affiliates (attach schedule)					16	
	17	**Total expenses.** Add lines 16 and 44, column (A)					17	15,170,637.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12					18	251,020.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))					19	3,033,884.
	20	Other changes in net assets or fund balances (attach explanation)					20	0.
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20					21	3,284,904.

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $544,756. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b	544,756.	544,756.	STATEMENT 4	
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	198,934.	118,606.	11,185.	69,143.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	568,848.	339,151.	31,984.	197,713.
27 Pension plan contributions not included on lines 25a, b, and c	27	4,531.	3,488.	428.	615.
28 Employee benefits not included on lines 25a - 27	28	87,688.	51,736.	6,138.	29,814.
29 Payroll taxes	29	59,083.	34,859.	4,136.	20,088.
30 Professional fundraising fees	30	11,642,516.	6,476,802.		5,165,714.
31 Accounting fees	31	35,507.		35,507.	
32 Legal fees	32	18,635.		18,635.	
33 Supplies	33	15,300.	12,240.	1,530.	1,530.
34 Telephone	34	47,243.	37,795.	2,362.	7,086.
35 Postage and shipping	35	32,904.	26,323.	1,645.	4,936.
36 Occupancy	36	122,413.	73,448.	36,724.	12,241.
37 Equipment rental and maintenance	37	4,372.	2,806.	1,160.	406.
38 Printing and publications	38	44,997.	26,998.	13,499.	4,500.
39 Travel	39	18,608.	4,652.		13,956.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	24,090.	14,454.	7,227.	2,409.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 3	43g	1,700,212.	1,579,512.	70,359.	50,341.
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	15,170,637.	9,347,626.	242,519.	5,580,492.

Joint Costs. Check ▶ [X] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ [X] Yes ☐ No

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 11,642,516. ; **(ii)** the amount allocated to Program services $ 6,476,802. ; **(iii)** the amount allocated to Management and general $ 0. ; and **(iv)** the amount allocated to Fundraising $ 5,165,714.

Part III **Statement of Program Service Accomplishments** *(See the instructions)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶
TO PROVIDE FUNDS FOR BREAST CANCER RESEARCH AND EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a	THE AMERICAN BREAST CANCER FOUNDATION HAS REACHED HUNDREDS OF THOUSANDS OF PEOPLE BY TELEPHONE, EDUCATIONAL MESSAGES AND NEWSLETTERS. FUNDS HAVE BEEN PROVIDED FOR MAMMOGRAM EXAMS FOR WOMEN WHO COULD NOT OTHERWISE AFFORD THEM.	
	(Grants and allocations $ 544,756.) If this amount includes foreign grants, check here ▶ ☐	9,347,626.
b		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d		
	(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e	Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f	**Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	9,347,626.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
Assets 45 Cash - non-interest-bearing			3,078,700.	45	2,067,656.
46 Savings and temporary cash investments			263,113.	46	1,026,596.
47 a Accounts receivable	47a				
b Less: allowance for doubtful accounts	47b			47c	
48 a Pledges receivable	48a	-			
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 a Receivables from current and former officers, directors, trustees, and key employees				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
51 a Other notes and loans receivable	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			2,126.	53	13,981.
54 a Investments - publicly-traded securities STMT 6 ▶ ☐ Cost ☒ FMV			207,214.	54a	212,798.
b Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
55 a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation	55b			55c	
56 Investments - other				56	
57 a Land, buildings, and equipment: basis	57a	149,884.			
b Less: accumulated depreciation	57b	76,078.	72,786.	57c	73,806.
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 5)			4,668.	58	4,528.
59 **Total assets** (must equal line 74). Add lines 45 through 58			3,628,607.	59	3,399,365.
Liabilities 60 Accounts payable and accrued expenses			594,723.	60	114,461.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees				63	
64 a Tax-exempt bond liabilities				64a	
b Mortgages and other notes payable				64b	
65 Other liabilities (describe ▶)				65	
66 **Total liabilities.** Add lines 60 through 65			594,723.	66	114,461.
Net Assets or Fund Balances **Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			2,504,875.	67	2,761,409.
68 Temporarily restricted			529,009.	68	523,495.
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			3,033,884.	73	3,284,904.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,628,607.	74	3,399,365.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	15,421,657.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	0.
c	Subtract line **b** from line **a**			c	15,421,657.
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	15,421,657.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	15,170,637.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	0.
c	Subtract line **b** from line **a**			c	15,170,637.
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	0.
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	15,170,637.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BRENDA LOUBE 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	BOARD MEMBER 3.00	0.	0.	0.
FRANCES KATSHA 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	BOARD MEMBER 3.00	0.	0.	0.
GEORGE BROWN 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	SECRETARY 3.00	0.	0.	0.
PATRICIA HARGEST 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	CHAIRPERSON OF THE BOARD 3.00	0.	0.	0.
PHYLLIS WOLF 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	PRESIDENT 40.00	110,000.	3,554.	0.
TAMMY WAGNER 1220-B EAST JOPPA ROAD, SUITE 332 BALTIMORE, MD 21286	VICE PRESIDENT 40.00	82,000.	1,918.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 4			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 7	75b	X	
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file Form 1120-POL for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	84b		
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	▶ 0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶ 0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	N/A	89g		

90 a List the states with which a copy of this return is filed ▶ SEE ATTACHED

b Number of employees employed in the pay period that includes March 12, 2006 | 90b | 14

91 a The books are in care of ▶ PHYLLIS WOLF Telephone no. ▶ 410-825-9388

Located at ▶ 1220-B EAST JOPPA ROAD, SUITE 328, BALTIMORE, MD ZIP + 4 ▶ 21286

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A	91b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

	Yes	No
106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ [signature] Signature of officer — Date 10-15-2007

▶ PHYLLIS WOLF — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ [signature]	Date 10/11/07	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HERTZBACH & COMPANY, P.A. 10 MUSIC FAIR ROAD OWINGS MILLS, MD 21117		EIN ▶	Phone no. ▶ 410-363-3200

Form **990** (2006)

623164/01-26-07

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ	OMB No 1545-0047 2006

Name of the organization: THE AMERICAN BREAST CANCER FOUNDATION INC.

Employer identification number: 52 2031814

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARIA FOKIANOS 1220-B EAST JOPPA ROAD SUITE 332, BAL	BOOKKEEPER 40.00	71,887.	1,386.	
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
COMMUNITY SUPPORT, INC. 9021 OGDEN AVENUE, BROOKFIELD, IL 60513	FUNDRAISING/SOLICITATION SERVICES	4513788.
NON PROFIT PROMOTIONS 828 DULANEY VALLEY ROAD SUITE 10, TOWSON, MD 2120	FUNDRAISING/SOLICITATION SERVICES	3095688.
ORGANIZATIONAL DEVELOPMENT, INC. 5311 LAKE WORTH ROAD, LAKE WORTH, FL 33463	FUNDRAISING/SOLICITATION SERVICES	2375884.
PREFERRED COMMUNITY SERVICES 5696 W. 74TH STREET, INDIANAPOLIS, IN 46278	FUNDRAISING/SOLICITATION SERVICES	466,743.
Total number of others receiving over $50,000 for professional services ▶ 0		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶			0.

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 [ ] A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 [ ] A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 [ ] A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 [ ] A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 [ ] A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b [ ] A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 [ ] An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

[ ] Type I [ ] Type II [ ] Type III-Functionally Integrated [ ] Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

	Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	16,174,600.	11,179,137.	7,316,830.	4,428,887.	39,099,454.
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose			56,361.	22,391.	78,752.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	29,607.	119.		0.	29,726.
19	Net income from unrelated business activities not included in line 18					
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 8 225.		225.
23	Total of lines 15 through 22	16,204,207.	11,179,256.	7,373,416.	4,451,278.	39,208,157.
24	Line 23 minus line 17	16,204,207.	11,179,256.	7,317,055.	4,428,887.	39,129,405.
25	Enter 1% of line 23	162,042.	111,793.	73,734.	44,513.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 782,588.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 39,129,405.

d Add: Amounts from column (e) for lines: 18 29,726. 19 ______ 22 225. 26b ______ ▶ 26d 29,951.

e Public support (line 26c minus line 26d total) ▶ 26e 39,099,454.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 99.9235%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2005) (2004) (2003) (2002)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2005) (2004) (2003) (2002)

c Add: Amounts from column (e) for lines: 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.) N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		
Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines **c** through **h**.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

623152
01-18-07

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
33 SH COMCAST	1,416.	1,092.	0.	324.
TO FORM 990, PART I, LINE 8	1,416.	1,092.	0.	324.

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,268.	
96 Dividends and interest from securities			14	11,068.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-13.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a LIST RENTALS			15	71,327.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		83,650.	0.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 83,650.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* and *Form 4720 (see instructions).*

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMPUTER EQUIPMENT	VARIOUS	03/31/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
JUNKED	0.	3,759.	0.	3,759.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
OFFICE EQUIPMENT	VARIOUS	03/31/07	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
JUNKED	0.	72,513.	0.	72,176.	-337.
TO FM 990, PART I, LN 8		76,272.	0.	75,935.	-337.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	8,631.	8,581.		50.
AUTOMOBILE	230.	207.	14.	9.
INSURANCE	8,828.	5,208.	618.	3,002.
LICENSES AND PERMITS	3,383.			3,383.
MAMMOGRAM SERVICES	1,395,713.	1,395,713.		
MEALS AND ENTERTAINMENT	5,127.	4,102.	769.	256.
OFFICE EXPENSE	49,246.	39,396.	5,910.	3,940.
OUTSIDE SERVICES	193,492.	116,095.	58,048.	19,349.
TRAINING	18,684.			18,684.
UTILITIES	16,668.	10,000.	5,000.	1,668.
DONATIONS	210.	210.		
TOTAL TO FM 990, LN 43	1,700,212.	1,579,512.	70,359.	50,341.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 4

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SUPPORT SERVICES THE RED DEVILS P.O. BOX 36291 TOWSON, MD 21286	50,000.
RESEARCH JHU BREAST CANCER RESEARCH PROGRAM 1650 ORLEANS ST, ROOM 409 BALTIMORE, MD 21231	100,000.
RESEARCH DR. SUSAN LOVE RESEARCH FOUNDATION 875 VIA DE LA PAZ, SUITE C PACIFIC PALISADES, CA 90272	100,000.
RESEARCH MERCY MEDICAL CENTER 301 ST. PAUL PLACE BALTIMORE, MD 21202	175,256.
SUPPORT SERVICES CAREGUIDE SYSTEMS 1550 BARCLAY BLVD BUFFALO GROVE, IL 60089	14,500.
SUPPORT SERVICES LSUHSC FOUNDATION 2021 LAKESHORE DRIVE, SUITE 210 NEW ORLEANS, LA 70122	105,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	544,756.

FORM 990 OTHER ASSETS STATEMENT 5

DESCRIPTION	AMOUNT
DEPOSITS	3,562.
INTANGIBLE ASSETS	966.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	4,528.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS	FMV			212,798.	212,798.
TO FORM 990, LINE 54A, COL B				212,798.	212,798.

FORM 990 EXPLANATION OF RELATIONSHIP STATEMENT 7
PART V-A, LINE 75B

INDIVIDUAL'S NAME	TITLE OR ROLE
PHYLLIS WOLF	PRESIDENT

INDIVIDUAL'S NAME	TITLE OR ROLE
JOE WOLF	OWNER OF NON PROFIT PROMOTIONS

EXPLANATION OF RELATIONSHIP

FAMILY MEMBERS

SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT
OTHER INCOME	0.	0.	225.	0.
TOTAL TO SCHEDULE A, LINE 22	0.	0.	225.	0.

LIST OF STATES WHERE REGISTERED

Alabama Consumer Protection Section, 11 South Union Street, Montgomery, AL 36130
Alaska: Alaska Department Of Law, 1031 W 4th Ave., Suite 200, Anchorage, AK 99501
Arkansas: Consumer Protection Division, 323 Center Street, 200 Tower Bldg, Little Rock, AR 72201
Arizona: Charitble Organization Registration, 1700 W Washington St., 7th Floor, Phoenix, AZ 85007
California Registry Of Charitable Trusts, 1300 I Street, Suite 101, Sacramento, CA 95814
Colorado: Office Of The Secretary Of State, 1560 Broadway, Suite 200, Denver, CO 80202
Connecticut: Public Charities Unit, 55 Elm Street, Hartford, CT 06106
Florida: Division Of Consumer Services, 407 S. Calhoun Street, #218, Tallahassee, FL 32399
Georgia: Office Of The Secretary Of State, 2 Martin Luther King Jr. Dr. SE, #802, Atlanta, GA 30334
Illinois: Charitable Trusts & Solicitations Div, 100 W. Randolph St., 12th Fl, Chicago, IL 60601
Indiana: Consumer Protection Division, 100 N. Senate Ave., Room 201, Indianapolis, IN 46204
Kansas: Secretary Of State's Office, 120 S.W. 10th Ave., 1st Flr. Mem. Hall, Topeka, KS 66612
Kentucky. Consumer Protection Division, 1024 Capital Center Drive, Frankfort, KY 40601
Jefferson County, Kentucky: Department Of Public Protection, 810 Barret Ave, Suite 128, Louisville, K1 40204
Louisiana: Consumer Protection Section, 301 Main Street, Suite 1250, Baton Rouge, LA 7080
Maine: Licensing & Enforcement Division, State House Station 35, Augusta, ME 04333
Maryland: Charitable Division, State House, Annapolis, MD 21401
Massachusetts. Division Of Public Charities, 1 Ashburton Place, Boston, MA 02108
Michigan: Consumer Protection & Charitable Trust, 690 Law Bldg, 525 W Ottawa Street, Lansing, MI 48913
Minnesota Charities Division, 445 Minnesota Street, Suite 1200, St Paul, MN 55101
Mississippi Office Of The Secretary Of State, P O Box 136, Jackson, MS 39205
Missouri. Public Protection Unit, P O Box 899, Jefferson City, MO 65102
North Carolina: Secretary Of State, 2 South Salisbury Street, Raleigh, NC 27601
New Hampshire Division Of Charitable Trusts, 33 Capitol Street, Concord, NH 03301
New Jersey: Division Of Consumer Affairs, 124 Halsey Street, 7th Floor, Newark, NJ 07101
New Mexico. , 111 Lomas Blvd., NW, Suite 300, Albuquerque, NM 87102
New York: Department Of State, 41 State Street, 12th Floor, Albany, NY 12207
North Dakota: Secretary Of State, 600 East Boulevard, Bismarck, ND 58505
Ohio Charitable Foundation Section, 101 East Town Street, Columbus, OH 43215
Oklahoma Oklahoma Secretary Of State, 2300 N. Lincoln Blvd., Room 101, Oklahoma City, OK 73105
Oregon: Department Of Justice, 1515 SW 5th Avenue, Suite 410, Portland, OR 97201
Pennsylvania Bureau Of Charitable Organizations, 207 North Office Building, Harrisburg, PA 17120
Rhode Island: Charitable Organization Section, 233 Richmond Street, Suite 232, Providence, RI 02903
South Carolina: Office Of The Attorney General, P.O. Box 11350, Columbia, SC 29211
Tennessee Division Of Charitable Solicitations, 312 Eighth Avenue North, 8th Floor, Nashville, TN 37243
Utah. Division Of Consumer Protection, 160 East 300 South, Salt Lake City, UT 45804
Virginia: Office Of The Attorney General, 1100 Bank Street, Richmond, VA 23219
Washington. Charitable Solicitation Division, 801 Capitol Way South, Olympia, WA 98504
West Virginia: Office Of The Secretary Of State, 1900 Kanawha Blvd., East, Charleston, WV 25305
Wisconsin: Dept Of Regulation & Licensing, 1400 E. Washington Avenue, Madison, WI 53702

AXA Advisors, LLC
1290 Avenue of the Americas, 9th FL
New York, NY 10104-2702



AXA Advisors Investment Report

AXA Brokerage Account

* 00026964 02 AT 0.545 TR 00128 X5603D04 000000

AMERICAN BREAST CANCER
FOUNDATION
1220-B EAST JOPPA ROAD STE 332
BALTIMORE MD 21286-5823

Your Financial Professional:
DONALD STEPHAN HUBER JR
(410) 468-1694

Account Number: 64M-055592
Statement Period: 01/01/2007 - 03/31/2007

Valuation at a Glance

	This Period	Year-to-Date
Beginning Account Value	$214,857.67	$214,857.67
Dividends/Interest	2,888 65	2,888 65
Change in Account Value	227 14	227.14
Ending Account Value	$217,973.46	$217,973.46
Estimated Annual Income	$9,036.79	

Asset Allocation

	Value Last Period	Value This Period	Percent Allocation
Cash and Cash Equivalents	103,897 23	105,175 94	48%
Mutual Funds	110,960 44	112,797 52	52%
Investment Account Total (Pie Chart)	$214,857.67	$217,973.46	100%

Asset Allocation percentages are rounded to the nearest whole percentage

Pie Chart allocation excludes all asset classes which net to a liability

Purchasing Power Summary

Cash and Money Market Funds Available	105,175 94
Total Purchasing Power	$105,175.94

You may be able to borrow against the value of your brokerage account assets to buy additional securities or for other purposes For more information, please call Your Financial Professional

Summary of Gains and Losses

	Realized This Period	Realized Year-to-Date	Unrealized This Period
Short-Term Gain/Loss	0 00	0.00	-0.02
Long-Term Gain/Loss	0 00	0.00	-522.61
Net Gain/Loss	**0.00**	**0.00**	**-522.63**

This summary excludes transactions where cost basis information is not available

For Your Information

You may already be saving for retirement through an IRA, 401(k) or similar plan. However, your retirement portfolio must allow for two objectives: the potential accumulation of wealth and generation of an income stream, which would allow you to help maintain the standard of living you have become accustomed to. Call your financial professional today and find out if an annuity from AXA Equitable Life Insurance Company may be able to help you prepare for your retirement. GE38662f (2/07)

Customer Service Information

Your Financial Professional: CKZ
DONALD STEPHAN HUBER JR
AXA ADVISORS LLC
ONE EAST FRANKLIN STREET
SUITE 300
BALTIMORE MD 21202-2239

Contact Information
Telephone Number: (410) 468-1694

Customer Service Information
Service Hours: Weekdays 08 30 a m - 06 00 p m ET
Customer Service Telephone Number: (866) 292-4545
Web Site: www axaonline com

Portfolio Holdings

Quantity	Opening Date	Account Number	Activity Ending	Opening Balance	Closing Balance	Accrued Income	Income This Year	30-Day Yield	Current Yield
Cash and Cash Equivalents 48.00% of Portfolio									
Money Market									
PRIME MGMT OBLIGATIONS SERVICE									
105,175 940	12/30/06	0000017344	03/30/07	103,897 23	105,175 94	14 56	1,278 71	4 98%	5 00%
Total Money Market				**$103,897.23**	**$105,175.94**	**$14.56**	**$1,278.71**		
Total Cash and Cash Equivalents				**$103,897.23**	**$105,175.94**	**$14.56**	**$1,278.71**		

AXA Advisors, LLC
1290 Avenue of the Americas, 9th FL
New York, NY 10104-2702



Statement Period: 01/01/2007 - 03/31/2007

Portfolio Holdings *(continued)*

Quantity	Acquisition Date	Unit Cost	Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
Mutual Funds 52.00% of Portfolio								
Mutual Funds								
3FIDELITY ADVISOR FLOATING RATE INCOME FUND CLASS I Open End Fund *Security Identifier* FFRIX Dividend Option Reinvest Capital Gain Option Reinvest								
5,010.020	02/03/05	9.9800	50,000.00	9.9600	49,899.80	-100.20	3,151.30	6.31%
10.722	02/28/05	10.0000	107.22	9.9600	106.79	-0.43	6.74	6.31%
16.990	03/31/05	9.9700	169.39	9.9600	169.22	-0.17	10.69	6.31%
16.945	04/29/05	9.9300	168.26	9.9600	168.77	0.51	10.66	6.31%
18.036	05/31/05	9.9200	178.92	9.9600	179.64	0.72	11.34	6.31%
17.483	06/30/05	9.9400	173.78	9.9600	174.13	0.35	11.00	6.31%
19.276	07/29/05	9.9700	192.18	9.9600	191.99	-0.19	12.12	6.31%
18.984	08/31/05	9.9700	189.27	9.9600	189.08	-0.19	11.94	6.31%
20.188	09/30/05	9.9600	201.07	9.9600	201.07	0.00	12.70	6.31%
22.516	10/31/05	9.9500	224.03	9.9600	224.26	0.23	14.16	6.31%
21.036	11/30/05	9.9400	209.10	9.9600	209.52	0.42	13.23	6.31%
22.977	12/30/05	9.9500	228.62	9.9600	228.85	0.23	14.45	6.31%
23.802	01/31/06	9.9600	237.07	9.9600	237.07	0.00	14.97	6.31%
21.824	02/28/06	9.9800	217.80	9.9600	217.37	-0.43	13.73	6.31%
25.332	03/31/06	9.9800	252.81	9.9600	252.31	-0.50	15.93	6.31%
25.560	04/28/06	9.9600	254.58	9.9600	254.58	0.00	16.08	6.31%
26.958	05/31/06	9.9300	267.69	9.9600	268.50	0.81	16.96	6.31%
26.851	06/30/06	9.9000	265.82	9.9600	267.44	1.62	16.89	6.31%
28.719	07/31/06	9.9100	284.61	9.9600	286.04	1.43	18.06	6.31%
28.972	08/31/06	9.9200	287.40	9.9600	288.56	1.16	18.22	6.31%
28.453	09/29/06	9.9200	282.25	9.9600	283.39	1.14	17.90	6.31%
29.731	10/31/06	9.9400	295.53	9.9600	296.12	0.59	18.70	6.31%
123.508	Reinvestments to Date	9.9540	1,229.41	9.9600	1,230.14	0.73	77.69	6.31%
5,604.883	**Total**		**$55,916.81**		**$55,824.64**	**-$92.17**	**$3,525.47**	

Portfolio Holdings *(continued)*

Quantity	Acquisition Date	Unit Cost	Cost Basis	Market Price	Market Value	Unrealized Gain/Loss	Estimated Annual Income	Estimated Yield
Mutual Funds *(continued)*								
Mutual Funds *(continued)*								
3OPPENHEIMER SENIOR FLOATING RATE FUND								
CLASS A								
Open End Fund								
Security Identifier XOSAX								
Dividend Option. Reinvest Capital Gain Option Reinvest								
5,202 914	02/03/05	9 6100	50,000 00	9 5300	49,583 77	-416 23	3,683.66	7.42%
15 531	02/28/05	9 6200	149 41	9 5300	148 01	-1 40	11 00	7 42%
25 386	03/31/05	9.5900	243 45	9 5300	241 93	-1.52	17 97	7.42%
23.310	04/28/05	9 5500	222 61	9 5300	222 14	-0 47	16.50	7 42%
27 722	05/31/05	9 4900	263 08	9 5300	264 19	1.11	19 63	7 42%
24.172	06/30/05	9 5000	229.63	9 5300	230.36	0.73	17.11	7.42%
24.323	07/28/05	9 5300	231 80	9 5300	231 80	0 00	17.22	7 42%
30.188	08/31/05	9 5600	288 60	9 5300	287 69	-0 91	21 37	7.42%
29.146	09/30/05	9 5700	278 93	9 5300	277 76	-1 17	20 64	7 42%
25.912	10/28/05	9 5500	247 46	9 5300	246 94	-0 52	18 35	7 42%
30.238	11/30/05	9 5400	288 47	9 5300	288 17	-0.30	21 41	7.42%
32.985	12/29/05	9 5500	315 01	9 5300	314 35	-0 66	23.35	7.42%
30 089	01/30/06	9 5500	287 35	9 5300	286 75	-0 60	21.30	7.42%
30 411	02/28/06	9.5800	291.34	9 5300	289 82	-1 52	21 53	7 42%
36 303	03/31/06	9 5900	348 15	9 5300	345 97	-2 18	25 70	7 42%
27.794	04/27/06	9 6000	266 82	9 5300	264 88	-1 94	19 68	7 42%
38.253	05/31/06	9 5700	366 08	9 5300	364.55	-1 53	27 08	7 42%
37 047	06/30/06	9 5400	353.43	9 5300	353 06	-0 37	26 23	7.42%
32.422	07/28/06	9 5400	309 31	9 5300	308 98	-0.33	22 95	7 42%
37 648	08/31/06	9 5400	359 16	9 5300	358 79	-0 37	26 65	7 42%
36 390	09/29/06	9 5400	347 16	9 5300	346 80	-0 36	25.76	7 42%
34.791	10/30/06	9 5400	331 91	9 5300	331 56	-0 35	24 63	7 42%
145.291	Reinvestments to Date	9 5270	1,384 19	9 5300	1,384 62	0 43	102 87	7 42%
5,978.266	**Total**		**$57,403.35**		**$56,972.88**	**-$430.46**	**$4,232.61**	
Total Mutual Funds			**$113,320.16**		**$112,797.52**	**-$522.63**	**$7,758.08**	
Total Mutual Funds			**$113,320.16**		**$112,797.52**	**-$522.63**	**$7,758.08**	

	Cost Basis	Market Value	Unrealized Gain/Loss	Accrued Interest	Estimated Annual Income
Total Portfolio Holdings	**$218,496.10**	**$217,973.46**	**-$522.63**	**$0.00**	**$9,036.79**

Portfolio Holdings *(continued)*

3 The cost basis of securities positions acquired prior to the availability of the PORTFOLIO EVALUATION SERVICE for this account, or delivered into this account, has been provided to PERSHING by your financial institution, and we make no representation as to the accuracy of such cost basis

Disclosures and Other Information

Pricing - Securities prices may vary from actual liquidation value Prices shown should only be used as a general guide to portfolio value Prices are received from various pricing services However, pricing services are sometimes unable to provide timely information Where pricing sources are not readily available, particularly on certain debt securities, estimated prices may be generated by a matrix system taking various factors into consideration. The pricing of listed options takes into account the last closing price, as well as the current bid and offer prices Where securities have not been priced, such securities have not been included in the Asset Allocation information at the beginning of this statement

Reinvestment - The dollar amount of Mutual Fund distributions, Money Market Fund dividend income, Bank Deposit interest income, or dividends for other securities shown on your Statement may have been reinvested. You will not receive confirmation of these reinvestments. However, information pertaining to these transactions which would otherwise appear on confirmations, including the time of execution and the name of the person from whom your security was purchased, will be furnished to you upon written request to your introducing firm In dividend reinvestment transactions, Pershing acts as your agent and receives payment for order flow, the source and nature of which payment will be furnished to you upon written request to your introducing firm

Option Disclosure - Information with respect to commissions and other charges incurred in connection with the execution of option transactions has been included in confirmations previously furnished to you. A summary of this information is available to you promptly upon your written request directed to your introducing firm In order to assist your introducing firm in maintaining current background and financial information concerning your option accounts, please promptly advise them in writing of any material change in your investment objectives or financial situation Expiring options which are valuable are exercised automatically pursuant to the exercise by exception procedure of the Options Clearing Corporation. Additional information regarding this procedure is available upon written request to your introducing firm.

Foreign Currency Transactions - Pershing may execute foreign currency transactions as principal for your account. Pershing may automatically convert foreign currency to or from U S dollars for dividends and similar corporate action transactions unless you instruct your financial organization otherwise Pershing's currency conversion rate will not exceed the highest interbank conversion rate identified from customary banking sources on the conversion date or the prior business day, increased by up to 1%, unless a particular rate is required by applicable law Your financial organization may also increase the currency conversion rate. This conversion rate may differ from rates in effect on the date you executed a transaction, incurred a charge, or received a credit Transactions converted by agents (such as depositories) will be billed at the rates such agents use.

Proxy Vote - Securities held by you on margin (securities not fully paid for by you) may be lent by Pershing to itself or others in accordance with the terms outlined in the Margin Agreement The right to vote your shares held on margin will be reduced by the amount of shares on loan The Proxy Voting Instruction Form sent to you may reflect a smaller number of shares entitled to vote than the number of shares in your margin account

Transactions in Date Sequence

Process/ Settlement Date	Activity Type	Description	Quantity	Price	Accrued Interest	Amount
01/02/07	CASH DIVIDEND RECEIVED	FIDELITY ADVISOR FLOATING RATE INCOME FUND CLASS I FOR ACCRUAL PERIOD ENDING 12/29/06				342.49
01/02/07	REINVEST CASH INCOME	FIDELITY ADVISOR FLOATING RATE INCOME FUND CLASS I SHRS PURCH AT $9 94000 FOR ACCRUAL PERIOD ENDING 12/29/06	34 456			-342 49
01/31/07	CASH DIVIDEND RECEIVED	OPPENHEIMER SENIOR FLOATING RATE FUND CLASS A FOR ACCRUAL PERIOD ENDING 01/30/07				353 34
01/31/07	REINVEST CASH INCOME	OPPENHEIMER SENIOR FLOATING RATE FUND CLASS A SHRS PURCH AT $9 54000 FOR ACCRUAL PERIOD ENDING 01/30/07	37 038			-353.34
01/31/07	MONEY MARKET FUND INCOME RECEIVED	PRIME MANAGEMENT				438 41
02/01/07	CASH DIVIDEND RECEIVED	FIDELITY ADVISOR FLOATING RATE INCOME FUND CLASS I FOR ACCRUAL PERIOD ENDING 01/31/07				306 61
02/01/07	REINVEST CASH INCOME	FIDELITY ADVISOR FLOATING RATE INCOME FUND CLASS I SHRS PURCH AT $9 97000 FOR ACCRUAL PERIOD ENDING 01/31/07	30.753			-306.61
02/28/07	MONEY MARKET FUND INCOME RECEIVED	PRIME MANAGEMENT				397 18
03/01/07	CASH DIVIDEND RECEIVED	FIDELITY ADVISOR FLOATING RATE INCOME FUND CLASS I FOR ACCRUAL PERIOD ENDING 02/28/07				280 46
03/01/07	REINVEST CASH INCOME	FIDELITY ADVISOR FLOATING RATE INCOME FUND CLASS I SHRS PURCH. AT $9 98000 FOR ACCRUAL PERIOD ENDING 02/28/07	28 102			-280 46
03/01/07	CASH DIVIDEND RECEIVED	OPPENHEIMER SENIOR FLOATING RATE FUND CLASS A FOR ACCRUAL PERIOD ENDING 02/28/07				327 04
03/01/07	REINVEST CASH INCOME	OPPENHEIMER SENIOR FLOATING RATE FUND CLASS A SHRS PURCH AT $9 55000 FOR ACCRUAL PERIOD ENDING 02/28/07	34 245			-327 04
03/30/07	MONEY MARKET FUND INCOME RECEIVED	PRIME MANAGEMENT				443 12

AXA www.AXAonline.com

Account Number 64M-055592
AMERICAN BREAST CANCER

AXA Advisors, LLC
1290 Avenue of the Americas, 9th FL
New York, NY 10104-2702



AXA Advisors Investment Report

AXA Brokerage Account

Statement Period: 01/01/2007 - 03/31/2007

Transactions in Date Sequence *(continued)*

Process/ Settlement Date	Activity Type	Description	Quantity	Price	Accrued Interest	Amount

Transactions Summary	Total Amount	Currency
UNITED STATES DOLLAR	1,278 71	USD

The price and quantity displayed may have been rounded

Money Market Fund Detail

Date	Activity Type	Description	Amount	Share Balance
Sweep Money Market Fund				
PRIME MGMT OBLIGATIONS SERVICE				
Account Number 0000017344 Current Yield 5 00% Activity Ending 03/30/07				
12/30/06	Opening Balance		103,897 23	103,897.23
01/31/07	Deposit	INCOME REINVEST	438.41	104,335.64
02/28/07	Deposit	INCOME REINVEST	397 18	104,732 82
03/30/07	Deposit	INCOME REINVEST	443.12	105,175 94
03/30/07	**Closing Balance**			**$105,175.94**
Total All Money Market Funds				**$105,175.94**

Income and Expense Summary

	Current Period		Year-to-Date	
	Taxable	Non Taxable	Taxable	Non Taxable
Dividend Income				
Equities	1,609.94	0 00	1,609 94	0 00
Money Market	1,278 71	0 00	1,278 71	0 00
Total Dividends, Interest and Expenses	**$2,888.65**	**$0.00**	**$2,888.65**	**$0.00**

Messages

UPON WRITTEN REQUEST TO YOUR FINANCIAL ORGANIZATION, YOU MAY OBTAIN THE IDENTITY OF THE VENUE TO WHICH YOUR ORDERS WERE ROUTED FOR THE SIX MONTHS PRIOR TO YOUR REQUEST AND THE TIME OF THE TRANSACTIONS THAT MAY HAVE RESULTED FROM SUCH ORDERS.

YOU ARE ADVISED TO REPORT PROMPTLY ANY INACCURACY OR DISCREPANCY IN YOUR ACCOUNT (INCLUDING UNAUTHORIZED TRADING) TO YOUR FINANCIAL ORGANIZATION AND PERSHING, THE CUSTODIAN OF YOUR ACCOUNT. PLEASE BE ADVISED THAT ANY ORAL COMMUNICATION SHOULD BE RE-CONFIRMED IN WRITING TO FURTHER PROTECT YOUR RIGHTS, INCLUDING YOUR RIGHTS UNDER THE SECURITIES INVESTOR PROTECTION ACT. YOUR FINANCIAL ORGANIZATION'S CONTACT INFORMATION CAN BE FOUND ON THE FIRST PAGE OF THIS STATEMENT. PERSHING'S CONTACT INFORMATION IS AS FOLLOWS:

PERSHING LLC
LEGAL DEPARTMENT
ONE PERSHING PLAZA
JERSEY CITY, NEW JERSEY 07399
(201) 413-3330

INFORMATION REGARDING THE SECURITIES INVESTOR PROTECTION CORPORATION SM (SIPCSM), INCLUDING A SIPC BROCHURE, MAY BE OBTAINED BY CONTACTING SIPC VIA ITS WEB-SITE AT WWW.SIPC.ORG OR BY TELEPHONE AT (202) 371-8300.

****

AXA ADVISORS, LLC STRIVES TO PROVIDE EXCELLENT CUSTOMER SERVICE, HOWEVER IN THE EVENT YOU NEED TO CONTACT US, PLEASE DIRECT YOUR INQUIRY TO AXA ADVISORS BROKER/DEALER SERVICES AT 1-800-355-2009 OR BY WRITING TO AXA FINANCIAL AT 1290 AVENUE OF THE AMERICAS, NEW YORK, NY 10104, ATTN: CUSTOMER RELATIONS OFFICE - 12TH FLOOR. GE-26949 (REV.10/04).

****

OBTAIN A COPY OF AXA ADVISORS' GUIDE TO MUTUAL FUND INVESTING. CLICK ON MUTUAL FUNDS UNDER INVESTING AT AXAONLINE.COM OR CALL YOUR FINANCIAL PROFESSIONAL. THE GUIDE DISCUSSES MUTUAL FUND PRICING, DISCOUNTS, AND REVENUE SHARING ARRANGEMENTS.

TO IMPROVE SERVICE TO INVESTORS THE SECURITIES INDUSTRY IS STRONGLY ENCOURAGING THE USE OF THE DIRECT REGISTRATION STATEMENT (DRS), WHERE CLIENTS RECEIVE A STATEMENT OF OWNERSHIP, AS A REPLACEMENT FOR PHYSICAL CERTIFICATES. CONSEQUENTLY, THE DEPOSITORY TRUST CLEARING COMPANY (DTCC) HAS SIGNIFICANTLY INCREASED THEIR TRANSFER FEES (BOTH LEGAL TRANSFERS AND TRANSFER AND SHIP TRANSACTIONS) TO OFFSET THE RISING COSTS IN PROCESSING PAPER CERTIFICATES.

IN CONJUNCTION WITH THESE INDUSTRY CHANGES, WE MUST ALSO TAKE ACTION AND IMPLEMENT CHANGES TO OUR PRACTICE AND PRICING. STARTING DECEMBER 8, 2006, WE HAVE UPDATED ALL ACCOUNTS THAT ARE CODED AS "REGISTER AND SHIP" TO "HOLD IN STREET NAME". IN RESPONSE TO THE SIGNIFICANT PRICE INCREASES THAT WE HAVE EXPERIENCED FROM DTCC, EFFECTIVE JANUARY 1, 2007, WE WILL PASS ALONG AN INCREASE THAT WILL RAISE THE FEE FOR BOTH LEGAL TRANSFER AND PHYSICAL CERTIFICATE TRANSFER AND SHIP TRANSACTIONS TO $60 PER EVENT.

Messages *(continued)*

PLEASE NOTE THAT OUR MINIMUMS FOR NON-RETIREMENT ACCOUNTS HAVE CHANGED
NEW ACCOUNT MINIMUM
AXA BROKERAGE SERVICES ACCOUNT $25,000
AXA BROKERAGE ACCOUNT $25,000
AXA ASSET ACCOUNT GOLD $50,000 (CORPORATE $50,000)
AXA ASSET ACCOUNT PLATINUM $50,000 (CORPORATE $50,000)
IN ADDITION, ACCOUNTS BELOW THEIR STATED MINIMUMS WILL BE SUBJECT TO AN ANNUAL LOW BALANCE FEE OF $50 FOR AXA BROKERAGE SERVICES AND AXA BROKERAGE ACCOUNTS AND $100 FOR AXA ASSET ACCOUNTS. THIS FEE WILL BE ASSESSED ON OR ABOUT DECEMBER 1ST ON ACCOUNTS OPENED PRIOR TO OCTOBER 1ST OF THE CURRENT YEAR WHOSE BALANCE IS BELOW THE STATED MINIMUM AS OF NOVEMBER 30TH OF EACH YEAR.
NOTE: ACCOUNT MINIMUMS AND LOW BALANCE FEES DO NOT APPLY TO IRAS, QUALIFIED PLANS, OR CUSTODIAL ACCOUNTS (UGMA/UTMA). ACCOUNTHOLDERS MAY QUALIFY FOR A LOW BALANCE FEE WAIVER UNDER CERTAIN CIRCUMSTANCES INCLUDING OWNERSHIP OF OTHER ELIGIBLE AXA EQUITABLE PRODUCTS.
IF YOU HAVE ANY QUESTIONS, PLEASE ASK YOUR FINANCIAL PROFESSIONAL, OR CALL AXA ADVISORS BROKER/DEALER SERVICES AT 1-800-355-2009. SECURITIES AND INVESTMENT

ADVISORY SERVICES OFFERED THROUGH AXA ADVISORS, LLC (NY, NY 212-314-4600), MEMBER NASD, SIPC. GE-34745(2/06).

REMINDER - PLEASE MAKE ALL CHECKS PAYABLE TO PERSHING LLC FBO [ACCOUNT HOLDER NAME], NOT AXA ADVISORS STARTING DECEMBER 1, 2006 AXA ADVISORS WILL NO LONGER ACCEPT CHECKS MADE PAYABLE TO AXA ADVISORS PLEASE WRITE YOUR ACCOUNT NUMBER ON THE FRONT OF YOUR CHECK.

THE MAILING ADDRESS TO EXPEDITE CHECK DEPOSIT PROCESSING FOR DEPOSITS UNDER $25,000 IS PERSHING, LLC, P O. BOX 73748, CHICAGO, IL 60673-7748. NOTE: THIS ADDRESS CANNOT ACCEPT ANY OTHER DOCUMENTS EXCEPT A DEPOSIT SLIP ACCOMPANIED BY YOUR CHECK ALL OTHER CORRESPONDENCE (INCLUDING DEPOSITS FOR $25,000 OR MORE) SHOULD BE DIRECTED TO AXA ADVISORS, 1290 AVE OF THE AMERICAS, ATTN: CASH CONTROL, 9TH FL., NEW YORK, NY 10104

AMERICAN BREAST CANCER FOUNDATION
Depreciation Expense [Depreciation]
GAAP
E:\ASSETS abcf.cdb
For the Period April 1, 2006 to March 31, 2007

						YEAR TO DATE				
Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
Class COMP										
AMBR000750	MONITOR - TAMMY									
	06/22/2001	SL100FM	5 0	599 97	20 01	579 96	20 01	0 00	-599 97	0 00
AMBR000760	DELL COMPUTER - TAMMY									
	02/03/2002	SL100FM	5 0	1,947 94	324 65	1,623 29	324 65	0 00	0 00	1,947 94
AMBR000770	DELL COMPUTER MAUREEN									
	02/03/2002	SL100FM	5 0	1,967 93	327 97	1,639 96	327 97	0 00	0 00	1,967 93
AMBR000780	DELL COMPUTER									
	02/22/2002	SL100FM	5 0	2,691 75	448 63	2,243 12	448 63	0 00	0 00	2,691 75
AMBR000790	DELL COMPUTER									
	03/03/2002	SL100FM	5 0	1,182 90	216 87	966 03	216 87	0 00	0 00	1,182 90
AMBR000800	16 FXS Vina Box - 8 Data Channels, 16 Voice									
	08/20/2001	SL100FM	5 0	3,158 62	210 59	2,948 03	210 59	0 00	-3,158 62	0 00
AMBR000810	NETWORK SERVER & EQUIPMENT 800MHZ INFOR SERVER, 10 MODEM STATIONS, 10 VOICE & PERIPHERALS									
	05/16/2001	SL100FM	5 0	8,605 00	143 42	8,461 58	143 42	0 00	0 00	8,605 00
AMBR000830	MULTIFUNCTIONAL IMAGE RUNNER, POWER FILTER DIGITAL WALL MOUNT									
	04/01/2004	SL100FM	5 0	8,322 16	1,664 43	3,328 86	1,664 43	0 00	0 00	4,993 29
AMBR000840	RAISER'S EDGE COMPUTER SOFTWARE									
	05/13/2004	SL100FM	5 0	20,945 00	4,189 00	8,028 92	4,189 00	0 00	0 00	12,217 92
AMBR000850	XEON SERVER AND NETWORK INSTALLATION									
	05/13/2004	SL100FM	5 0	4,549 00	909 80	1,743 78	909 80	0 00	0 00	2,653 58
AMBR000860	COMPUTER MONITOR									
	08/24/2004	SL100FM	5 0	4,143 32	828 66	1,381 10	828 66	0 00	0 00	2,209 76
AMBR000890	SONY TAPE DRIVE AND HP GHZ PROCESSOR									
	01/05/2005	SL100FM	5 0	2,226 25	445 25	556 56	445 25	0 00	0 00	1,001 81
AMBR000920	COMPUTER - ACERS									
	05/31/2005	SL100FM	5 0	2,165 96	433 19	397 09	433 19	0 00	0 00	830 28
AMBR000940	COMPUTER - NINA									
	11/16/2005	SL100FM	5 0	2,357 51	471 50	196 46	471 50	0 00	0 00	667 96
AMBR000950	NINA'S COMPUTER									
	12/06/2005	SL100FM	5 0	1,083 42	216 68	72 23	216 68	0 00	0 00	288 91
AMBR000980	COMPUTER AND MONITOR									
	01/31/2006	SL100FM	5 0	1,254 01	250 80	62 70	250 80	0 00	0 00	313 50
AMBR001060	ACER VERITON 6800 PC									
	03/23/2006	SL100FM	5 0	1,429 71	262 11	47 66	262 11	0 00	0 00	309 77
AMBR001080	ACER VERITON 6800 PC									
	03/23/2006	SL100FM	5 0	1,069 83	213 97	17 83	213 97	0 00	0 00	231 80
AMBR001090	VIEWSONIC 21" LCD									
	03/23/2006	SL100FM	5 0	748 16	149 63	12 47	149 63	0 00	0 00	162 10
AMBR001100	VIEWSONIC 21" LCD									
	03/23/2006	SL100FM	5 0	748 16	149 63	12 47	149 63	0 00	0 00	162 10
AMBR001110	LINKSYS ETHERNET PORT SWITCH									
	03/23/2006	SL100FM	5 0	632 12	126 42	10 54	126 42	0 00	0 00	136 96
AMBR001120	ACER TRAVELMATE 4200 NOTEBOOK PC									
	03/23/2006	SL100FM	5 0	1,196 32	239 26	19 94	239 26	0 00	0 00	259 20
AMBR001130	3 LINKSYS ETHERNET PCI									
	03/23/2006	SL100FM	5 0	144 36	28 87	2 41	28 87	0 00	0 00	31 28
AMBR001170	ACER P4 COMPUTER									
	05/09/2006	SL100FM	5 0	1,032 94	189 37	0 00	189 37	0 00	0 00	189 37
AMBR001190	COMPAQ ML 350 SERVER									
	09/13/2006	SL100FM	5 0	13,526 93	1,578 14	0 00	1,578 14	0 00	0 00	1,578 14
AMBR001210	ACER 6900 COMPUTER - PROGRAM DEPT									
	03/31/2007	SL100FM	5 0	1,549 05	25 82	0 00	25 82	0 00	0 00	25 82
AMBR001220	RESEARCHER'S EDGE SOFTWARE									

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
Class COMP										
	06/21/2006	SL100FM	5 0	2,712 50	452 08	0 00	452 08	0 00	0 00	452 08
AMBR001230	SQL SERVER SP4									
	08/08/2006	SL100FM	5 0	1,259 94	167 99	0 00	167 99	0 00	0 00	167 99
AMBR001240	RAISER'S EDGE SOFTWARE									
	11/02/2006	SL100FM	5 0	2,445 67	203 81	0 00	203 81	0 00	0 00	203 81
AMBR001250	TECHSOUP SOFTWARE									
	09/22/2006	SL100FM	5 0	484 00	56 47	0 00	56 47	0 00	0 00	56 47
Less Disposals	Adjustment to eliminate cost values of disposed assets									
				-3,758 59						
Subtotal COMP (31)				92,421 84	14,945 02	34,352 99	14,945 02	0 00	-3,758 59	45,539 42
Class F & F										
AMBR000580	GLASS END TABLE									
	05/01/1997	MS100AHY	7 0	200 00	0 00	199 14	0 00	0 00	0 00	199 14
AMBR000630	PEDESTAL TABLES									
	04/15/1998	SL100FM	7 0	375 00	0 00	375 00	0 00	0 00	0 00	375 00
AMBR000640	8 LEATHER CHAIRS									
	04/23/1998	SL100FM	7 0	1,160 00	0 00	1,146 29	0 00	0 00	0 00	1,146 29
AMBR000900	OFFICE FURNITURE									
	10/23/2004	SL100FM	7 0	1,129 95	161 42	242 13	161 42	0 00	0 00	403 55
AMBR001030	DESK									
	03/09/2006	SL100FM	7 0	991 94	141 71	11 81	141 71	0 00	0 00	153 52
AMBR001040	DESK									
	03/10/2006	SL100FM	7 0	1,059 94	151 42	12 62	151 42	0 00	0 00	164 04
AMBR001050	CHAIRS AND DESKS									
	03/10/2006	SL100FM	7 0	1,079 93	154 28	12 86	154 28	0 00	0 00	167 14
Subtotal F & F (7)				5,996 76	608 83	1,999 85	608 83	0 00	0 00	2,608 68
Class LHIM										
AMBR001140	TENANT IMPROVEMENTS									
	03/23/2006	SL100FM	5 0	10,466 00	2,093 20	174 43	2,093 20	0 00	0 00	2,267 63
Subtotal LHIM (1)				10,466 00	2,093 20	174 43	2,093 20	0 00	0 00	2,267 63
Class OFF										
AMBR000160	CHANNEL BANK									
	05/01/1997	SL100FM	5 0	1,200 00	0 00	1,200 00	0 00	0 00	-1,200 00	0 00
AMBR000240	EQUIPMENT									
	07/14/1998	SL100FM	5 0	1,620 00	0 00	1,620 00	0 00	0 00	-1,620 00	0 00
AMBR000260	8 SEAT PREDICTIV									
	08/04/1998	SL100FM	5 0	13,000 00	0 00	13,000 00	0 00	0 00	-13,000 00	0 00
AMBR000370	BREAST FORM									
	12/18/1998	SL100FM	5 0	800 00	0 00	800 00	0 00	0 00	-800 00	0 00
AMBR000380	MARKETING EQUIPMENT									
	04/11/1998	SL100FM	5 0	7,200 00	0 00	7,200 00	0 00	0 00	-7,200 00	0 00
AMBR000420	MAILING MACHINE									
	06/10/1999	SL100FM	5 0	19,258 00	0 00	19,258 00	0 00	0 00	0 00	19,258 00
AMBR000430	COPIER									
	06/28/1999	SL100FM	5 0	320 00	0 00	320 00	0 00	0 00	-320 00	0 00
AMBR000460	2/3 DIALERS									
	05/04/1999	SL100FM	5 0	34,198 14	0 00	34,198 14	0 00	0 00	-34,198 14	0 00
AMBR000820	TELEMAIL DIALERS									
	03/31/2002	SL100FM	5 0	13,500 00	2,475 00	11,025 00	2,475 00	0 00	-13,500 00	0 00
AMBR000870	FAX MACHINE									
	09/09/2004	SL100FM	5 0	674 87	123 73	213 70	123 73	0 00	-337 43	0 00
AMBR000880	ELECTRONICS/APPLIANCES FROM BEST BUY									
	09/23/2004	SL100FM	5 0	5,514 13	1,102 83	1,746 15	1,102 83	0 00	0 00	2,848 98
AMBR000910	FAX / COPIER - JO'S OFFICE									
	04/01/2005	SL100FM	5 0	1,797 53	359 51	359 51	359 51	0 00	0 00	719 02
AMBR000930	NEW PHONE SYSTEM									

Asset ID	Placed in service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depr & AFYD This Period	YEAR TO DATE Beginning Accum Depr	Current Depr & AFYD	Net Sec 179/Sec 179A	Net Additions Deletions	Ending Accum Depr
Class OFF										
	10/03/2005	SL100FM	7 0	6,774 00	967 71	483 86	967 71	0 00	0 00	1,451 57
AMBR000960	PRINTER - MARY									
	01/03/2006	SL100FM	5 0	672 57	134 51	33 63	134 51	0 00	0 00	168 14
AMBR000970	PRINTER - MAUREEN									
	01/19/2006	SL100FM	5 0	672 57	134 51	33 63	134 51	0 00	0 00	168 14
AMBR001010	PAM'S PRINTER									
	03/31/2006	SL100FM	5 0	2,584 07	516 81	43 07	516 81	0 00	0 00	559 88
AMBR001160	PRINTER - MARY									
	04/06/2006	SL100FM	5 0	1,168 54	233 71	0 00	233 71	0 00	0 00	233 71
AMBR001180	CANON FAX MACHINE									
	07/05/2006	SL100FM	5 0	1,273 81	191 07	0 00	191 07	0 00	0 00	191 07
AMBR001200	PRINTER - EMILY									
	01/15/2007	SL100FM	5 0	1,284 39	64 22	0 00	64 22	0 00	0 00	64 22
Less Disposals	Adjustment to eliminate cost values of disposed assets									
				-72,513 01						
Subtotal OFF (20)				40,999 61	6,303 61	91,534 69	6,303 61	0 00	-72,175 57	25,662 73
Grand Total				149,884 21	23,950 66	128,061 96	23,950 66	0 00	-75,934 16	76,078 46